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PTO/SB/22 (01-06)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 56086CON2(71699) | |
| Application Number 10/823,089-Conf. #3168 | | Filed April 12, 2004 | |
| For DEVICES FOR INTRAOcular DRUG DELIVERY | | | |
| Art Unit 3767 | | Examiner B. Huh | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | Fee \$120 | Small Entity Fee \$60 \$ |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 \$ |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 \$ 1050.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 \$ |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the | <input type="checkbox"/> | applicant/inventor. | |
| | <input type="checkbox"/> | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | |
| | <input checked="" type="checkbox"/> | attorney or agent of record. Registration Number <u>44,368</u> | |
| | <input type="checkbox"/> | attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | |
| Signature | | Date <u>April 15, 2008</u> | |
| Typed or printed name <u>Lisa Swiecz Hazzard</u> | | Telephone Number <u>(617) 517-5512</u> | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below. | | | |
| <input type="checkbox"/> | Total of <u>1</u> forms are submitted. | | |

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